

**DOTD MANAGER OF THE QUARTER
NOMINATION FORM**

EMPLOYEE NAME: _____
TITLE: _____ **QUARTER ENDING:** _____
SECTION/DISTRICT: _____ **GANG:** _____
NOMINATED BY: _____

The following factors are considered when selecting the recipients of this award. Please provide specific information regarding the nominee and his/her accomplishments during the quarter under each appropriate factor. (Supporting documentation may be attached to the nomination form.) *NOTE:* While all of the nominees' accomplishments are considered, emphasis is placed on those during the quarter.

1. Integrity:

2. Innovation:

3. Self-Motivation:

4. Professionalism:

5. Ability to Inspire Teamwork:

6. Customer Service Excellence:

7. Improved Productivity/Efficiency:

COMMITTEE USE ONLY

Received On: _____ **Year Considered:** _____
Committee Recommendation: _____